

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000102126 (5)**

1. Corporation Name:
LION ROARS SAFARIS, INC.

Principal Place of Business

**505 BEACHLAND BLVD
STE 1-219
VERO BEACH FL 32963
US**

Mailing Address

**505 BEACHLAND BLVD #1-219
VERO BEACH FL 32963
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/18/1996

4. FEI Number

65-0717208

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 2920 CARDINAL DR

Suite, Apt #, etc.

22

City & State

23 VERO BEACH, FL

Zip

24 32963

Country

25 USA

2a. Mailing Address

26

Suite, Apt #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**SCOTT, SHEILA
505 BEACHLAND BLVD
STE 1-219
VERO BEACH FL 32963**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Sheila C Scott

SHEILA C SCOTT

2/6/98

Signature, typed or printed name of registered agent is not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
PLAYFORD, GILBERT E
4773 SOUTH NEWPORT ISLAND DRIVE
VERO BEACH FL 32967

☐ DELETE

1.2 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BAILEY, DONALD C
26 PACHENA POINT ROAD
CAPE PROVINCE, SOUTH AFRICA

☐ DELETE

1.3 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
BAILEY, BRIAN
7 DURLAND CLOSE
MT. PLEASANT, HARARE, ZIMBABWE

☐ DELETE

1.4 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
SCOTT, MICHAEL J
709 WEST FISCHER CIRCLE
SEBASTIAN FL 32958

☐ DELETE

1.5 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

1.6 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed from an officeholder with an address.

SIGNATURE:

Sheila C Scott **2/6/98** **505-234-9000**

CR2E034 (10/97)